REPORT RELEASE REQUEST Flagstaff Police and Coconino County Sheriff

911 E. SAWMILL ROAD FLAGSTAFF, ARIZONA 86001

Date Requested:	Report Number:
NAME	(<u>)</u> - DAYTIME PHONE
ADDRESS	-
CITY STATE ZIP	<u>() -</u> EVENING PHONE
(Check one)	☐ Coconino County Sheriff Report
Reason for Request:	
TYPE OF OCCURRENCE: Crime	Other (please specify):
Name of Driver, Property Owner, or Involve	d Person(s):
Date/Time of Occurrence:	Location of Occurrence:
☐ I would like my report mailed (or)	I will pick up my report after next business day
	rds Division, 911 E. Sawmill Road, Flagstaff, AZ 86001 E ONLY BELOW THIS LINE
REQUESTS REQUIRING NO SUPERVISOR FPD Officer	SOR APPROVAL City Court City Attorney Pretrial Services Subpoena CPS Other Law Enforcement Agency (name) Enforcement Agency (name)
Check One or More Boxes Below: Victim and/or Witness Information Redacted Original Report Only Detective Supp(s	Suspect Information Redacted s) Only Entire Report
Processed by: De	ate Mailed/Released:
REQUESTS REQUIRING SUPERVIS	SOR APPROVAL:
REQUEST GRANTED: YES NO A	Authorized Signature: